Author's response to reviews

Title: Early acute pancreatitis in a child with compound heterozygosis deltaF508-R1438W/Y1032C cystic fibrosis: a case report.

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Author's response to reviews: see over
Dear Editor,
Thank you for your kind response and revision of the paper entitled “Early acute pancreatitis in a child with compound heterozygosis F508-del/R1438W/Y1032C cystic fibrosis: a case report.” We have modified the paper according to the editor’s and reviewers suggested changes and highlighted in yellow in the text.

Editorial comment:
1. We have included the age of the patient in the case presentation
2. We have included a separate header for the Consent section
3. We have included a competing interests section at the end of the manuscript
4. We removed the consent form uploaded as an additional file.

Reviewer #1
In the abstract, last sentence of the introduction has been modified as suggested by the reviewer. In the abstract it has also modified the last sentence (mutation genotype) of the introduction, so it was our patient’s genotype throughout the manuscript.
The first sentence of the introduction includes now “potentially lethal”
The third sentence of the introduction has been rephrased.
We have modified the first sentence of the discussion, removing the term “barometer”
We have rephrased the 2nd section of the discussion.
3rd and 4th paragraphs are now more clear. We have added “in homozygosis or in heterozygosis” for the deltaF508 mutation
The mutation Y1032C is now written correctly in the discussion.

Reviewer #2
We added a sentence which emphasizes the fact that pancreatitis involves more commonly CF patient with pancreatic sufficiency.
In the case presentation, growth parameters have been added, together with the assessment regarding pancreatic and respiratory functionality, the state of “wellness” of both parents, the serum level of direct bilirubin. Ursodeoxycholic aced treatment was performed for the elevation of the bilirubin found in the first days of recovery. Furthermore, the last examinations performed to evaluate pancreatic and respiratory functions have been included at the end of the text.
In the discussion, we have focused more the presentation of acute pancreatitis in cystic fibrosis patients, with a particular explanation of why this particular disease could be more common in CF pancreatic sufficient patients (in the first and last lines of the discussion).
We have included a sentence in the first part of the conclusions, in which we underline that an apparent status of wellness of CF patients with mild mutations and genotype could mislead the caregivers and let them ignore the possible onset of acute pancreatitis, more common in pancreatic sufficient patients.

Thank you for your consideration,
Kind regards,
Salvatore Leonardi